

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X

IN RE:

MDL No. 2859

ZIMMER M/L TAPER HIP PROSTHESIS OR M/L TAPER
HIP PROSTHESIS WITH KINECTIV TECHNOLOGY AND
VERSYSFEMORAL HEAD PRODUCTS LIABILITY
LITIGATION

18-MD-2859 (PAC)
18-MC-2859 (PAC)

**AMENDED SHORT
FORM COMPLAINT**

This Document Relates To:

1-19-cv-04082

*Bonnie Sullens v. Zimmer, Inc., Zimmer US, Inc., Zimmer Biomet
Holdings, Inc. f/k/a Zimmer Holdings, Inc.*

-----X

1. Plaintiff, Bonnie Sullens, states and brings this civil action in MDL No. 2859, entitled *In Re: Zimmer M/L Taper Hip Prosthesis or M/L Taper Hip Prosthesis with Kinectiv Technology and Versys Femoral Head Products Liability Litigation*, against Defendants Zimmer, Inc., Zimmer US, Inc., and Zimmer Biomet Holdings, Inc.

2. Plaintiff(s) is filing this Short Form Complaint as permitted by this Court's Case Management Order 9, dated February 7, 2019, and hereby incorporates the Master Long Form Complaint filed in MDL No. 2859 by reference.

PARTIES, JURISDICTION AND VENUE

3. Plaintiff, Bonnie Sullens, is a resident and citizen of the State of Oregon and claims damages as set forth below.

4. Plaintiff's Spouse, _____, is a resident and citizen of the State of _____, and claims damages as set forth below. *[Cross out Spousal Claim if not applicable.]*

5. Venue of this case is appropriate in the United States District Court, District of Oregon. Plaintiff states that but for the Order permitting directly filing into the Southern District of New York pursuant to Case Management Order 9, Plaintiff would have filed in the United States District Court, District of Oregon. Therefore, Plaintiff respectfully requests that at the time of transfer of this action back to the trial court for further proceedings that this case be transferred to the above referenced District Court.

6. Plaintiff brings this action *[check the applicable designation]*:

 X On behalf of himself/herself;
 In a representative capacity as the _____ of the _____ having been duly appointed as the _____ by the _____ Court of _____. A copy of the Letters of Administration for a wrongful death claim is annexed hereto if such letters are required for the commencement of such a claim by the Probate, Surrogate or other appropriate court of the jurisdiction of the decedent. *[Cross out if not applicable.]*

FACTUAL ALLEGATIONS

ALLEGATIONS AS TO **RIGHT-SIDE** IMPLANT/EXPLANT SURGERY(IES): *[CROSS OUT IF NOT APPLICABLE]*

7. Plaintiff was implanted with a Versys Femoral Head in his/her right hip on or about February 23, 2015, at the St. Charles Health Systems, in Deschutes County, by Dr. Robert Shannon, M.D.

8. Plaintiff was implanted with the following femoral stem during the February 23, 2015 implantation surgery:

 X Zimmer M/L Taper
 Zimmer M/L Taper with Kinectiv Technology

9. Plaintiff had the following right hip components explanted on or about

_____ (date), at _____ (medical center and address) by Dr. _____.

_____ Versys femoral head

_____ Zimmer M/L Taper

_____ Zimmer M/L Taper with Kinectiv Technology

~~—[Cross out if not applicable.]—~~

10. Plaintiff will have the right hip components at issue explanted on or about

_____, at _____ (medical center and address) by Dr. _____.

_____.

~~—[Cross out if not applicable.]—~~

11. Plaintiff has not yet scheduled a surgery for explantation of the right hip components at issue. *[Cross out if not applicable.]*

ALLEGATIONS AS TO LEFT-SIDE IMPLANT/EXPLANT SURGERY: *[CROSS OUT IF NOT APPLICABLE]*

12. Plaintiff was implanted with a Versys Femoral Head in his/her left hip on or about 2/23/15 at the St. Charles Health System, 2500 NE Neff Rd., Bend, OR 97701 by Dr. Robert Shannon.

13. Plaintiff was implanted with the following femoral stem during the 2/23/15 implantation surgery:

 X Zimmer M/L Taper

_____ Zimmer M/L Taper with Kinectiv Technology

14. Plaintiff had the following left hip components explanted on or about 4/10/2017, at St. Charles Health System, 2500 NE Neff Rd., Bend, OR 97701 by Dr. Robert Shannon:

 X Versys femoral head

_____ Zimmer M/L Taper

_____ Zimmer M/L Taper with Kinectiv Technology

15. ~~Plaintiff will have the left hip components at issue explanted on or about~~
~~_____, at _____ (medical center and address) by Dr. _____.~~

[Cross out if not applicable.]

16. ~~Plaintiff has not yet scheduled a surgery for explantation of the left hip components~~
~~at issue.~~ *[Cross out if not applicable.]*

ALLEGATIONS AS TO INJURIES

17. (a) Plaintiff claims damages as a result of (check all that are applicable):

 X INJURY TO HERSELF

_____ INJURY TO THE PERSON REPRESENTED

_____ WRONGFUL DEATH

_____ SURVIVORSHIP ACTION

 X ECONOMIC LOSS

(b) ~~Plaintiff's spouse claims damages as a result of (check all that are~~
~~applicable):~~ *[Cross out if not applicable.]*

_____ LOSS OF SERVICES

_____ LOSS OF CONSORTIUM

18. Plaintiff has suffered injuries as a result of implantation of the Devices at issue manufactured by the Defendants as shall be fully set forth in Plaintiff's anticipated Amended Complaint if chosen for bellwether consideration, as well as in Plaintiff's Fact Sheet and other responsive documents provided to the Defendant and are incorporated by reference herein.

19. ~~Plaintiff has suffered injuries as a result of the explantation of the Devices at issue~~

~~manufactured by the Defendants as shall be fully set forth in Plaintiff's anticipated Amended Complaint if chosen for bellwether consideration, as well as in Plaintiff's Fact Sheet and other responsive documents provided to the Defendant and are incorporated by reference herein.~~

~~[Cross out if not applicable.]~~

20. Defendants, by their actions or inactions, proximately caused the injuries to Plaintiff.

21. Due to the nature of the defect, Plaintiff could not have known that the injuries she suffered were as a result of a defect in the Devices at issue at the time they were implanted or for any period afterwards until the defect was actually discovered by Plaintiff.

CASE-SPECIFIC ALLEGATIONS AND THEORIES OF RECOVERY

22. The following claims and allegations are asserted by Plaintiff(s) and are herein adopted by reference from the Master Long Form Complaint (check all that are applicable):

- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | COUNT I - NEGLIGENCE; |
| <input type="checkbox"/> | COUNT II - NEGLIGENCE PER SE; |
| <input checked="" type="checkbox"/> | COUNT III - STRICT PRODUCTS LIABILITY - DEFECTIVE DESIGN; |
| <input checked="" type="checkbox"/> | COUNT IV - STRICT PRODUCTS LIABILITY – MANUFACTURING DEFECT; |
| <input checked="" type="checkbox"/> | COUNT V - STRICT PRODUCTS LIABILITY- FAILURE TO WARN; |
| <input checked="" type="checkbox"/> | COUNT VI - BREACH OF EXPRESS WARRANTY; |
| <input type="checkbox"/> | COUNT VII- BREACH OF WARRANTY AS TO MERCHANTABILITY; |
| <input checked="" type="checkbox"/> | COUNT VIII - BREACH OF IMPLIED WARRANTIES; |
| <input type="checkbox"/> | COUNT IX - VIOLATION OF CONSUMER PROTECTION LAWS |

X COUNT X –NEGLIGENT MISREPRESENTATION

 COUNT XI- FRAUDULENT CONCEALMENT

 COUNT XII - UNJUST ENRICHMENT

 COUNT XIII – LOSS OF CONSORTIUM

 COUNT XIV – WRONGFUL DEATH

 COUNT XV- SURVIVAL ACTION

In addition to the above, Plaintiff(s) assert the following additional causes of action under applicable state law:

 X PUNITIVES DAMAGES

 OTHER: _____

PRAYER FOR RELIEF

WHEREFORE, Plaintiff prays for judgment against Defendants as follows:

1. For compensatory damages requested and according to proof;
2. For all applicable statutory damages of the state whose laws will govern this action;
3. For an award of attorneys' fees and costs;
4. For prejudgment interest and costs of suit;
5. Exemplary damages;
6. For restitution and disgorgement of profits; and,

7. For such other and further relief as this Court may deem just and proper.

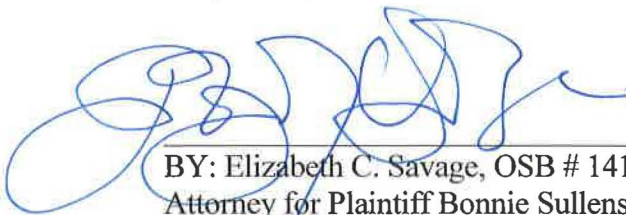
JURY DEMAND

Plaintiff(s) hereby demand(s) a trial by jury as to all claims in this action.

Date:

10/16/19

Respectfully submitted,

A handwritten signature in blue ink, appearing to read 'Elizabeth C. Savage', is written over a horizontal line.

BY: Elizabeth C. Savage, OSB # 141157
Attorney for Plaintiff Bonnie Sullens
Karmel Savage P.C.
1023 SW Yamhill St. Suite 200
Portland, OR 97205
503-295-2486
elizabeth@karmelsavage.com